

**CONFIDENTIAL**  
(When Filled In)

15 Apr 68

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle)		SOCIAL SECURITY NUMBER	
KURGVEL Aleks		NMN 578 54 6786	
<b>1. RESIDENCE DATA</b>			
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY Wentorf near Hamburg, Germany		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE 3602 16 St N.W. Washington 20010		HOME LEAVE RESIDENCE 4605 90th St. ELMHURST, N.Y. 11373	
<b>2. MARITAL STATUS (Check one)</b>			
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED			
IF MARRIED, PLACE OF MARRIAGE Narva, Estonia			DATE OF MARRIAGE 27.10.1928
IF DIVORCED, PLACE OF DIVORCE DECREE			DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED			DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)			
<b>3. MEMBERS OF FAMILY</b>			
NAME OF SPOUSE Salme E. KURGVEL		ADDRESS (No., Street, City, Zone, State) 4605 90th St. ELMHURST, N.Y. 11373	
TELEPHONE NO. 212/592 2793			
NAMES OF CHILDREN Rein KURGVEL		ADDRESS Same as above	
SEX M		DATE OF BIRTH 04.05.39.	
Jaan KURGVEL, Major		ODCS LOG/HQUSAREUR, APO NY 09403 (Heidelberg, Germany)	
SEX M		DATE OF BIRTH 23.01.31.	
NAME OF YOUR FATHER (Or male guardian) Died in 1926		ADDRESS TELEPHONE NO.	
NAME OF YOUR MOTHER (Or female guardian) Died in 1945/46		ADDRESS TELEPHONE NO.	
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. All three mentioned above			
<b>4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b>			
NAME (Mr., Mrs., Miss) (Last-First-Middle) KURGVEL, Salme E or Mr. KURGVEL, Rein		RELATIONSHIP Wife or son	
HOME ADDRESS (No., Street, City, Zone, State) For both: 4605 90th Street, Elmhurst, N.Y. 11373		HOME TELEPHONE NUMBER 212/592 2793	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE Of wife: First Nat. City Bank, 399 Park Ave, New York		BUSINESS TELEPHONE & EXTENSION 212/559 2107	
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Also: Department of the Army			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in Item 6.)			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
The persons named in Item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.			
CONTINUED ON REVERSE SIDE			

**CURRENT RESIDENCE AND DEPENDENCY REPORT**

DECLASSIFIED AND RELEASED BY  
CENTRAL INTELLIGENCE AGENCY  
SOURCE METHOD EXEMPTION 3B2B  
NAZI WAR CRIMES DISCLOSURE ACT  
DATE 2006

**VOLUNTARY ENTRIES**

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

The Riggs Nat. Bank of Washington, D.C. Joint checking account of Aleks & Salme KURGVEL  
Long Island City Savings Bank, New York. Joint account of Aleksei and Salme KURGVEL

First National City Bank, New York. Joint savings account of Salme E and Aleks KURGVEL  
" " " " " " " " checking account of " " " "

ARE YOU A MEMBER OF THE CREDIT UNION? ☐ YES ☒ NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? ☐ YES ☒ NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☒ YES ☐ NO. (If "Yes" where is document located?)

Should be in YOUR files, was executed in this office before one TDY assignment abroad.

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? ☐ YES ☒ NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☒ YES ☐ NO. (If "Yes", who possess the power of attorney?)

Unclear. It was written in connection with my income tax troubles with the New York State to Mr. FREEMAN, Public Accountant, who died later. Herberg GISSEN succeeded him in office.

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS The case is dormant.

Mr. GISSEN's address is: 200 W 57 Street New York, N.Y. 10019, tel. COLUMBUS 5 4300.  
The power of attorney has not be officially rewritten on his name.

To 4:  
In an emergency case my son Rein KURGVEL could be contacted first, to avoid the shock to Mrs. Kurgvel. He lives together with Mrs. KURGVEL. He works with the L & M (Ligget Myers) tobacco firm in New York, telephone 212/246 0500, ext. 215 (this might have been changed recently, it is better to ask by the name).

SIGNED AT

Washington, D.C.

DATE

15 Apr 1960

SIGNATURE

*Aleks Kurgvel*

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